Form

North Dakota Office of State Tax Commissioner



ND-1 Individual income tax return 2005

Please type or print in black or blue ink. See page 16 of instructions for the proper way to fill out this form.

Your Social Security Number	Spouse's Social Security	Number	Fill in if this is a COMPOSITE RETURN O (CF)	
400007701			COMPOSITE RETURN U (CF)	
Your name (First, MI, Last name) Test U Grass	► If fiscal year filer, enter fiscal year end: (See page 9)			
If joint return, spouse's name (First, MI, Last name) May B Grass				
Mailing address 74131 Fescue Dr	MM/DD/YYYY ► Fill in only if applicable: O Amenda			
City St. Thomas	State ND	Zip code 58503	(See page 9) O Extensi	
A. Filing status used on federal return: ⊗ 2. Married filing jointly (Fill in only one) 3. Married filing separate	O 4. Head of house O 5. Qualifying widely - enter spouse's name ▶	dow(er) with dependent ch	► Were you required to pay estimated federal income tax for 2005? (See page 9)	
B. School district code: 08 - 001	(See page 9))2	US Dollars —	
D. Federal adjusted gross income from line or line 4 of Form 1040EZ	37 of Form 1040, line 21 of		42,450.00	
1. Federal taxable income from line 43 of Fo or line 6 of Form 1040EZ (If zero, see page 9 of			5,850.00	
Additions	·			
2. Lump-sum distribution from Federal Form 4972	(NA) 2			
3. Loss from pass-through entity subject to North I financial institution tax (Attach statement from e	Dakota's			
4. Adjustment to federal taxable income, if claiming planned gift credit (From Schedule PG, line 13)				
5. Add lines 1, 2, 3, and 4			5,850.00	
Subtractions				
6. Interest from U.S. obligations (Attach supporting statement)	(SN) 6	·	7	
7. Net long-term capital gain exclusion (From worksheet on page 10 of instructions)				
8. Exempt income of a Native American	(54) 8			
9. Benefits received from U.S. Railroad Retiremen (Attach copy of Form RRB-1099, RRB-1099-R,				
10. Income from pass-through entity subject to Nor financial institution tax (Attach statement from e	th Dakota's			
11. Renaissance zone income exemption (Attach Schedule RZ)	(\$7) 11			
 New or expanding business income exemption to N.D.C.C. ch. 40-57.1 (Attach supporting statem 				
13. National Guard/Reserve member federal active a pay exclusion (Attach copy of mobilization order				
14. Nonresident only: Servicemembers Civil Relief adjustment (See page 11 of instructions)			7	
1.5. Human organ donor expense deduction (Attach supporting statement)	(NL) 15			
(Attach supporting statement)		5.		
If less than zero, enter 0		(ND)	5,850.00	
17. Tax. Enter the tax as explained below:		(SB) 1	62.00	

North Dakota Office of State Tax Com 2005 Form ND-1, page 2	missioner	US Dollars			
18. Enter your tax from line 17 of page 1		18 62.00			
19. Credit for income tax paid to another state (Attach Schedule CR)	(SD) 19				
20. Family member care credit (Attach Schedule FC)	(S2) 20				
21. Renaissance zone credit (Attach Schedule RZ)22. Ag commodity investment credit (from worksheet of instructions) (Attach copy of investment reporting)	on page 11				
23. Seed capital investment credit (from worksheet on of instructions) (Attach copy of investment reporting					
24. Credit for planned gift to qualified North Dakota n organization. (From Schedule PG, line 7)					
25. Credit for biodiesel fuel supplier (Attach supportin	g statement) (NN) 25				
26. Credit for biodiesel fuel seller (Attach supporting s	tatement) (NO) 26				
27. Net tax liability. Subtract lines 19 through 26	from line 18. <i>If less than zero, enter 0</i>	- (SE) 27 62.00			
Withholding and/or tax already paid	300.00				
28. North Dakota withholding (Attach supporting W-2.29. Estimated tax paid, including extension payment of					
Form 400-EXT and overpayment applied from 200					
30. Total payments. Add lines 28 and 29	- 	300.00			
Refund					
31. Overpayment - If line 30 is MORE than line 27 otherwise, go to line 36. If result is less than		(sg) 31 238.00			
32. Amount of line 31 that you want applied to your 20 estimated tax		(30) 31			
33. Amount of line 31 that you wish to contribute to th Wildlife Fund					
34. Amount of line 31 that you wish to contribute to th For ND Program Trust Fund	e Trees (SW) 34				
35. Refund. Subtract lines 32 through 34 from line 3		(SR) 35 238.00			
To direct deposit your refund, complete items a, b, and c. (See page 15.) a. Routing number: b. Account number:	09765412245679045	c. Type of account: O Checking Savings			
Tax Due	,	W Savings			
36. Tax due - If line 30 is LESS than line 27, subtrac If result is less than \$5.00, enter 0	t line 30 from line 27 and enter result.	- (SZ) 36			
37. Amount that you wish to contribute to the Watchable Wildlife Fund (but only if there is a tax due on line 36) (SU) 37					
38. Amount that you wish to contribute to the Trees Fo Program Trust Fund (but only if there is a tax due of	ľ				
39. Balance due. Add lines 36, 37, 38, and, if applic Pay to: ND State Tax Commissioner	able, line 40.	39			
40. Interest on underpaid estimated tax from Form 400	·UT (so) 40				
l declare under the penalties of North Dakota Century Code §12.1-11-02 accompanying schedules and statements, has been examined by me, and					
Your signature	Date Your daytime phone number OPR O	Tax Department use only			
Spouse's signature	Date	1			
Signature of paid preparer	EIN/SSN/PTIN Date				
► Attach a copy of your 2005 federal in ► Do not file a photocopy of this special ► Mail to: Office of State Tax Commissi Dept. 127, Bismarck, ND 58505-0550	olly-colored return				

Schedule

ND-1NR

North Dakota Office of State Tax Commissioner

2005

Attach to Form ND-1

Tax calculation for nonresidents and part-year residents

(including certain joint filers with different states of residence)

Please type or print in black or blue ink. See separate instructions.

Your name	Your social security number	If joint return, spouse's nan	ne Spouse's social security number		
Test U Grass	400007701	May B Grass	400007702		
Your residen		Spouse's residency status:			
O Full-year resident O Full-year no If full-year nonresident or part-year		Full-year resident O	Full-year nonresident Part-year resident		
resident, enter name of other state	L	resident, enter name of other stat			
If part-year resident, enter dates of	residence below:	If part-year resident, enter	dates of residence below:		
	12 / 31 / 05 Month Day Year	09 / 01 / 05 Month Day Year	to 12 / 31 / 05 Month Day Year		
		Column A om Federal return	Column B North Dakota portion		
		Dollars ———	US Dollars ——		
1. Wages, salaries, tips, etc. (line 7 of I	Form 1040 or	7			
1040A, or line 1 of Form 1040EZ) _ 2. Taxable interest and dividend incom	1 42,000.00		20,000.00		
and 9a of Form 1040 or 1040A, or a					
line 2 of Form 1040EZ)	2		2		
3. Business income or loss (line 12 of I	Form 1040) 3		3		
4. Ordinary and capital gains and losse					
and 14 of Form 1040, or amount fro					
Form 1040A)			4		
5. IRAs, pensions, and annuities (add to of Form 1040, or lines 11b and 12b			5		
6. Rental real estate, royalties, partners	-				
S corporations, trusts, etc. (line 17 o	• '		6		
7 Form income on loss dive 18 of Form	1040)				
7. Farm income or loss (line 18 of Form 8. Other income (add lines 10, 11, 19, 1.)			,		
Form 1040, or lines 13 and 14b of F	orm 1040A or		1 650 00		
amount from line 3 of Form 1040EZ	1,650.00		1,650.00		
9. Add lines 1 through 8	43,650.00		21,650.00		
10. Education expenses (add lines 23, 3,	3 and 34 of				
Form 1040, or lines 16, 18 and 19 o	f Form 1040A) - 10	10			
11. Moving expenses (line 26 of Form 1	040)	11			
12. Self-employed deductions (add lines					
and 29 of Form 1040)		12			
13. IRA deduction (line 32 of Form 104 line 17 Form 1040A)	0 or 1,200.00	13	600.00		
14. Other federal adjustments to income 25, 30, 31a and 35 of Form 1040) _	(add lines 24,	14	4		
15. U.S. obligation interest (from Form and SCRA adjustment (from Form					
16. North Dakota source income. If less than zero, enter 0		ough 14, Columm B.	21,050.00		
17. Line 9, Column A, less lines 10 thro Column A. If less than zero, enter 0					
18. North Dakota income ratio (Divide la If line 16 is more than line 17, enter 18	ine 16 by line 17. Round to nearest tv	wo decimal places.	18 0.50		
19. Tax for the amount on Form ND-1, 1	2		123.00		
20. Tax (Multiply line 18 by line 19) E			62.00		
•			haaklet		
For Privacy Act information - see inside front cover of Form ND-1 instruction booklet. www.nd.gov/tax					